LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

LOBBYISTS (Sec. 67-6619)

 $\begin{array}{c} \textbf{Page} \underline{\hspace{0.3cm}} \textbf{ of } \underline{\hspace{0.3cm}} \textbf{Page(s)} \\ \textbf{THIS SPACE FOR OFFICE USE ONLY} \end{array}$

2005 JAN -4 AN 8: 47

STATE OF MONTH

(Type or print clearly in black ink)
See instructions at bottom of page

			early in black ink)											
See instructions at bottom of page Lobbyist's name and permanent business address								Date prepared				Period covered		
Ken F	larward						year ending							
		ve. Suite 31	10		01/03/05									
	, ID 83705			0.1100100				(Mo.)	(Day)	(Yr.)				
20.00	,								l	12	31	04		
Item 1	Totals	of all reportab	le expenditures made or	incurred b	y Lobb	yist or	by Lobb	yist's Empl	oyer on l	ehalf o	f Lobbyis	st's Emplo	yer.	
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity All Employers					Proportionate amounts contributed by each employer (Id Item 3, at bottom of page.)					icutify employers, under				
	Not Have to be		All Employers	Emplo	. 1	Employer No. 2		Employer No. 3		o. 3	3 Employer No. 4			
Enterta Food a	inment nd Refreshm	nent	\$1,756.33	\$1,756.3		33	\$	s				\$		
Living	Accommoda	ations				_					_	·		
Advert	ising										_			
Travel						_								
Telepho		0 1												
Other I	Expenses or	Services												
		Total	\$1,756.33	s	1,756.	33	\$	0.00	\$	0	.00	\$	0.00	
**			s you are reporting for requi								ould be en	tered on Pa	ge 1.	
Item 2		of each expend	dollars (\$5		islator or other holder of public									
	2 Date Place				Ar	nount	Names of Legista			tors & Public Officials in Group				
											T)			
	Continued on	l attached page(s)			1		<u>'</u>							
		INST	TRUCTIONS			lten 3	<u>' </u>	E	mployer(s) Name(s) and Address(es)					
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code. Filing deadline: Annual report is due on January 31st.							No.1 Association of Idaho Cities 3100 S. Vista Ave. Suite 310, Boise, ID 83705							
							No.2							
то	BE FILED	WITH:												
Ben Y sursa Secretary of State PO Box 83720 Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282							No.4							

	Date		Amount		Name of Legislator Receiving or Benefited							
Subject (from t	or Ho the Lo	use Bill, obbyist w Bill, Re	Resolution or other as supporting or op	ion, the number of the Senate legislative activity in which posing. Appropriation Bill Number and Section Number	LEGISLATIVE SU Code Subject Ol Agriculture, horticulture, farming, and livestock O2 Amusements, games, athletics and sports O3 Banking, finance, credit and investments O4 Children, minors, youth, senior citizens O5 Church and religion O6 Consumer affairs O7 Ecology, environment, pollution, conservation, zoning, land and water use O8 Education O9 Elections, campaigns, voting, political parties 10 Equal rights, civil rights, minority affairs 11 Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds 12 Government, county 13 Government, county 14 Government, pecial districts 15 Government, special districts 16 Government, state	BJECT IDENTIFICATION Code Subject 17 Health service, medicine, drugs and controlled substances, healt insurance, hospitals 18 Higher education 19 Housing, construction, codes 20 Insurance (excluding health insurance) 21 Labor, salaries and wages, collective bargaining 22 Law enforcement, courts, judges, crimes, prisons 23 License, permits 24 Liquor 25 Manufacturing, distribution and services 26 Natural resources, forest and forest products, fisheries, mining and mining products 27 Public lands, parks, recreation 28 Social insurance, unemployment insurance, public assistance, workmen's compensation 29 Transportation, highways, streets and roads 30 Utilities, communications, televisions, radio, newspaper, power, CATV, gas 31 Other (please specify)						
					Lobbyist signature (Cen Homo Employer No. 1 signature	1/3/05 Date 1/3/05 Date						
					Employer No. 2 signature	Date						
CERTIF	ICATIO	ON: 1 he	reby certify that the	above is a true, complete and	Employer No. 3 signature	Date						